12

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OTHER THAN		
FOR		NUMBE	RFILED	NUMBER I	NUMBER EXTRA		FEE		RATE	FEE
ВА	SIC FEE			or all			345.00	OR	. 44	690.00
TOTAL CLAIMS 7 minus 20= *			)= <b>*</b>		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 5 minus 3 = *					X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If	the difference in col	umn 1 is l	less than zer	o, enter "0" in c	olumn 2	TOTAL		OR	TOTAL	(90
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A	REM	LAIMS MAINING IFTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ION	Total +		Minus	· H	= 90	X\$ 9=		OR	X\$18=	
AME	Independent + FIRST PRESENTATI	ON OF MI	Minus JLTIPLE DEPI	NDENT CLAIM	=	X39=		OR	X78=	ž:
						+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		lumn 1)		(Column 2) HIGHEST	(Column 3)			50		
ENT B	REI	MAINING AFTER ENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	10	RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total *	111	Minus	20	= 9.0	X\$ 9=	814	OR	X\$18=	817
AME	Independent + FIRST PRESENTATION	ON OF MI	Minus JLTIPLE DEPI	ENDENT CLAIM	= /	X39=		OR	X78=	78.1
						+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		lumn 1)		(Column 2)	(Column 3)	. = <b>-</b>				
ENT C	REI	LAIMS MAINING AFTER MOMENT	turk die	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL	1	RATE	ADDI- TIONAL
<b>AMENDMENT</b>	Total +	19	Minus	120	=	X\$ 9=	FEE /	OR	X\$18=	#EE
4ME	Independent *	5	Minus	*** 5	=	X39=	<del>/</del>		X78=	<del>                                     </del>
_	FIRST PRESENTATI	ON OF MI	JLTIPLE DEPI	ENDENT CLAIM			<del>/</del>	OR		(-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:				·			
	<b>\</b>							٠
		Total F	ee Calcul:	ation	1			
	Fee Cade	Total # Claims	Number Extra	X	Fee	Fee -	-	Total
	Sm./Lg.				Sm. Entity	Lg Entity		
Busic Filing Fee	201/101	3				620		
Total Claims >20	203/103	<del></del>	) -	х				
Independent Claims >3	202/102	3 .,	•	Х				
Mult. Dep Claim Present	204/104						,	
Surcharge	205/105	•				130		• -
English Translation	119 .							
TOTAL FEE CALCULA	MOITA						—	
Fees due upon filing t	he application.							
Total Filing Fees Due			820			<del>-</del>	-	
Less Filing Fees Subm	ined - \$		820	_				
BALANCE DUE	= SW-1	<u> </u>						
Office of Initial Patent	Examination							
		1.	igure 7			•		

FORM OIPE-RAM-01 (Rev. 12/97)